MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/914955	
APPLICANT(S)	

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		3		1			54						
5		0		1			55						
6		0		1			56						
7		0		1			57						
8		0		1			58						
9		0					59						
10	1		1				60						
11							61						
12							62						
13							63						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	10		8				TOTAL DEP.						
TOTAL CLAIMS	12		10				TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

ORM PTO-1360 (REV. 3-78)